

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address Gordon L. Dayton [SBN:208379] Law Offices of Gordon L. Dayton 27247 Madison Avenue, Suite 117 Temecula, CA 92590 T: 951 296-5303 F: 951 096-5319 gdayton@gldlawoffice.com	FOR COURT USE ONLY
<input type="checkbox"/> Debtor(s) appearing without an attorney <input type="checkbox"/> Attorney for Debtor(s)	
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - RIVERSIDE DIVISION	
In re: Eric Arthur Johnson Kasee Cherise Johnson	CASE NO.: 6:18-bk-18455-MW CHAPTER: 7
DECLARATION BY DEBTOR(S) AS TO WHETHER INCOME WAS RECEIVED FROM AN EMPLOYER WITHIN 60 DAYS OF THE PETITION DATE [11 U.S.C. § 521(a)(1)(B)(iv)]	
[No hearing required]	
Debtor(s).	

Debtor(s) provides the following declaration(s) as to whether income was received from an employer within 60 days of the Debtor(s) filing this bankruptcy case (Petition Date), as required by 11 U.S.C. § 521(a)(1)(B)(iv):

Declaration of Debtor 1

1. ☒ I am Debtor 1 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (Check only ONE box below):

☐ I was paid by an employer. Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)

☒ I was not paid by an employer because I was either self-employed only, or not employed.

Date: 10/22/2018

Eric Arthur Johnson

Printed name of Debtor 1

Signature of Debtor 1

This form is mandatory. It has been approved for use in the United States Bankruptcy Court for the Central District of California.

F 1002-1.EMP.INCOME.DEC

Declaration of Debtor 2 (Joint Debtor) (if applicable)

2. ☒ I am Debtor 2 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (Check only ONE box below):

☐ I was paid by an employer. Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60 day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)

☒ I was not paid by an employer because I was either self-employed only, or not employed.

Date: 10/22/2018

Kasee Cherise Johnson
Printed name of Debtor 2


Signature of Debtor 2

CUSTOMER	HRS/WRKD	HRS/UNITS	RATE	PAY	REGULAR	OVERTIME	DOUBLET	BONUS	CELL ALL	TOTAL PAY	CA INCOM	CA DISAB	NET PAY
908772	39.25	39.25	11.5000	451.38	21.20	409.00				40896.08	40896.08	40896.08	40896.08
908772	19.82	19.82	17.2500	341.90						33311.99			33311.99
908772	0.63	0.63	23.0000	14.49						33311.99			33311.99
908772	0.00	1.00	1303.1100	1303.11						1733.76			1733.76
908772	0.00	1.00	8.7500	8.75						1733.76			1733.76

24.00 SICK

TOWING SAN DIEGO INC 1150 WALNUT AVE CHULA VISTA CA 91911

It is your responsibility to review each item on your pay stub to ensure the accuracy of your pay.

Notify your employer of any errors, or name, address, or tax changes.

BARRETT BUSINESS SERVICES, INC. (EIN: 52-0812977)

10590 West Ocean Air Drive, Suite 150

EMPLOYEE	STATUS	MARRIED	DEPENDENTS	CHECK	CURRENT	YEAR	TOTAL PAY	YTD TAXABLE
XXX-XX-2001	MARRIED	9	11394928	1977.89	42873.97	FEDERAL	42873.97	42873.97
908772				117.17	2784.53	MEDICARE	42873.97	42873.97
908772				28.68	621.67	SOC SECU	42873.97	42873.97
908772				122.63	2658.19	CA INCOM	42873.97	42873.97
908772				55.86	1435.04	CA DISAB	42873.97	42873.97
908772				19.78	428.78	NET PAY		
908772				1633.77	34945.76	NET PAY		
908772				1633.77	34945.76	NET PAY		
908772				1633.77		BANK OF AMERICA N.A.	XXXXXXX83741	

24.00 SICK

TOWING SAN DIEGO INC 1150 WALNUT AVE CHULA VISTA CA 91911

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Notify your employer of any errors, or name, address, or tax changes.

BARRETT BUSINESS SERVICES, INC. (EIN: 52-0812977)

5717 Pacific Blvd, Suite 100

EMPLOYEE	STATUS	MARRIED	DEPENDENTS	CHECK	CURRENT	YEAR	TOTAL PAY	YTD TAXABLE
XXX-XX-2001	MARRIED	9	11443087	2527.73	45401.70	FEDERAL	45401.70	45401.70
908772				193.04	2977.57	MEDICARE	45401.70	45401.70
908772				36.65	658.32	SOC SECU	45401.70	45401.70
908772				156.72	2814.91	CA INCOM	45401.70	45401.70
908772				108.38	1543.42	CA DISAB	45401.70	45401.70
908772				25.28	454.06	NET PAY		
908772				2007.66	36953.42	NET PAY		
908772				2007.66	36953.42	NET PAY		
908772				2007.66		BANK OF AMERICA N.A.	XXXXXXX83741	

24.00 SICK

TOWING SAN DIEGO INC 1150 WALNUT AVE CHULA VISTA CA 91911

It is your responsibility to review each item on your pay stub to ensure the accuracy of your pay.

Notify your employer of any errors, or name, address, or tax changes.

Fill in this information to identify your case:

Debtor 1 **Eric Arthur Johnson**
Debtor 2 **Kasee Cherise Jones Johnson**
(Spouse, if filing)
United States Bankruptcy Court for the Central District of California
Case number
(if known)

Check one box only as directed in this form and in Form 122A-1 Supp.

- ☒ 1. There is no presumption of abuse
☐ 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A-2)
☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.
☐ Check if this is an amended filing

Official Form 122A - 1
Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1 Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.
☐ Not married. Fill out Column A, lines 2-11.
☒ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
☐ Married and your spouse is NOT filing with you. You and your spouse are:
☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
☐ Living separately or are legally separated. Fill out Column A, lines 2-11. Do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(D).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 541(c)(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 4,766.00	\$ 0.00
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ 0.00	\$ 0.00
5. Net income from operating a business, profession, or farm		
	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from a business, profession, or farm	\$ 0.00	Copy here -> \$ 0.00
6. Net income from rental and other real property		
	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	Copy here -> \$ 0.00
7. Interest, dividends, and royalties	\$ 0.00	\$ 0.00

Debtor 1
Debtor 2

Eric Arthur Johnson
Kasee Cherise Jones Johnson

Case number (if known)

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
8. Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you \$ 0.00 For your spouse \$ 0.00	\$ 0.00	\$ 0.00
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.	\$ 0.00	\$ 0.00
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00
Total amounts from separate pages, if any	+ \$ 0.00	\$ 0.00
11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ 4,766.00	+ \$ 0.00 = \$ 4,766.00

Total current monthly income

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps.

12a. Copy your total current monthly income from line 11

Copy line 11 here=> \$ 4,766.00

Multiply by 12 (the number of months in a year)

12b. The result is your annual income for this part of the form

12b. \$ 57,192.00

13. Calculate the median family income that applies to you. Follow these steps.

Fill in the state in which you live: CA

Fill in the number of people in your household: 5

Fill in the median family income for your state and size of household: 13. \$ 97,844.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

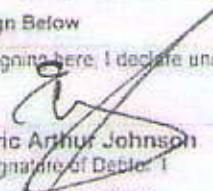
14. How do the lines compare?

14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1. There is no presumption of abuse. Go to Part 3.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2. The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2.

Part 3: Sign Below

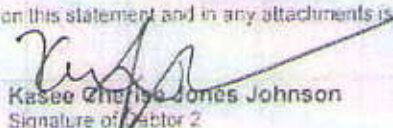
By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X 
Eric Arthur Johnson
Signature of Debtor 1

Date October 5, 2018
MM/DD/YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

X 
Kasee Cherise Jones Johnson
Signature of Debtor 2

Date October 5, 2018
MM/DD/YYYY